Sheerwater Healthcare Limited

Sheerwater House

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Sheerwater House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sheerwater House is registered to provide accommodation for up to 20 older people who require residential or nursing care. At the time of our inspection there were 16 people living at the home.

The inspection took place on 29 August 2018 and was unannounced.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The last inspection of Sheerwater House was undertaken in March 2017 and the service was rated as 'Requires Improvement'. We found at this inspection despite receiving an action plan from the provider telling us how they would address these shortfalls, the service had not improved.

Risks to people were not always effectively monitored or managed. Emergency plans were not always accurate or updated and medicine records were not always managed in line with best practice. People were not always protected from infection at the service. Accidents and incidents were recorded and reported but there was no overview or analysis of the data by the registered provider. This meant that opportunities to identify patterns or trends were missed. The premises were not completely adapted to meet the needs of people living with dementia.

There were not enough staff to safely and effectively care for people which affected the quality of care they received. Staff were not able to spend time with people as they were focused on their tasks.

Peoples' independence was not always maintained as they did not have frequent access to baths and showers. Staff did not always respect people's privacy and dignity. People did not have access to sufficient meaningful activities throughout the week and care plans were not person centred or detailed to include peoples' preferences. Complaints were not recorded and the process for complaining was not clearly displayed or communicated.

The registered provider had not implemented strategies for person-centred care or enabled continuous development or learning at the service. Quality assurance and audits had not been effective or robust in identifying issues or improving the service. People were not always effectively engaged by the service although there were meetings, surveys and a social media page.

People had enough to eat and drink and received support from staff where a need had been identified. People's individual dietary requirements where met. The Mental Capacity Act (MCA) was adhered to and staff always asked for people's consent.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Staff induction and ongoing training was tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support. Staff recruitment procedures were safe to ensure staff were suitable to support people in the service. End of life care was provided sensitively and in line with people's needs and preferences to ensure people had a pain free and dignified death.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

During the inspection we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the first time that the service has been rated Inadequate. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not consistently safe.

Risks to people were not always monitored or managed effectively.

Accidents and incidents were recorded but there was no overview analysis to help minimise the risk of repeated events.

Medicines were not always managed safely.

People were not always protected from the risk of infection.

There were not enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service had not been adapted to meet people's needs.

Staff followed legal guidance and asked for people's consent where their liberty was restricted or they were unable to make decisions for themselves.

People's nutritional needs were assessed and met. People could choose what they ate.

People had involvement from external healthcare professionals and staff supported them to remain healthy.

People received care from staff who had received training appropriate to their roles.

People's needs and choices were assessed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's independence was not always respected and promoted.

People's privacy and dignity was not always respected.

People were treated with kindness and respect.

People were actively involved in their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Care plans were not person centred and there were not many meaningful activities for people to take part in.

Complaints were not recorded or responded to.

People received end of life care in a sensitive way that was in line with their needs and preferences.

Is the service well-led?

Inadequate

The service was not well-led.

The registered provider and registered manager had failed to act on shortfalls identified at our previous inspection.

The registered provider had not implemented strategies for person-centred care or enabled continuous development or learning at the service.

The quality audits undertaken were not always effective or robust at identifying issues or driving improvements.

People, relatives and staff were not effectively engaged by the registered provider through meetings.

The registered provider worked in partnership with various other agencies to promote people's well-being.

Sheerwater House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 August 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding, complaints and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the care people received and spoke to five people living at Sheerwater House and seven relatives. We also spoke with the registered manager and six members of staff and one healthcare professional.

We reviewed a range of documents about people's care and how the service was managed. We looked at four care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Inadequate

Is the service safe?

Our findings

At our inspection in March 2017, we found that people were not being protected from the risk of harm. We found at this inspection things had not improved

Risks to people were assessed and known but not always safely monitored or managed. There were people at the service who were at high risk of pressure sores. For this reason, they had been given air mattresses which needed to be inflated in accordance with their weight. We found three examples where peoples' air mattresses were not set to their correct weights. For example, one person's mattress should have been set at their weight which was 59kgs. We found it was incorrectly set for a person weighing 30kgs. This meant that the air mattresses were not being used safely or effectively to manage the risk of pressure sores. The registered manager immediately corrected these mistakes once we brought it to their attention. There was also a person in a wheelchair who did not have footplates attached for their feet to rest on. This meant that the person's feet were dragging when they were moved by staff and were at risk of injury. There was no risk assessment or plan in place to manoeuvre this person safely.

There were not always appropriate measures in place in the event of an emergency such as a fire. There were personal emergency evacuations plans (PEEPs) detailing the support people needed to be evacuated kept in a folder. However, the folder contained PEEPs for four people that were no longer living at the service and it did not have PEEPs for four people that currently lived there. This meant that the emergency services and staff did not have plans in place for peoples' evacuation and also had incorrect information about who required support in the event of an emergency.

People's medicines were not always managed in a safe way which put people at risk of harm. The photographs on the medicine administration records (MARs) were not clear. This meant that staff who were not familiar with people may give the wrong medicine to them. For example, some photos were blurry or in black and white and none of them had been dated. Where MARs had been handwritten there was not always a second signature from a member of staff to check that the correct information had been written. Some handwritten MARs did not have any signatures from staff. The two issues of there being no dates on the photographs and the lack of second signatures had been a concern raised by an audit conducted by a pharmacist in November 2017. Despite these issues being raised they had still not been addressed. 'As and when' medicines did not always have guidance for staff on what signs to look for should the person become unwell. This is particularly important for people living with dementia who may not be able to express when they were in pain.

At our inspection in March 2017 we identified shortfalls in infection control procedures. We found similar shortfalls at this inspection. People were not always protected against the risk of infection as appropriate measures were not always in place. The laundry room did not have a clean area for the clean clothes to be kept. The shelves were placed against the walls which were covered in green mould and damp stains. The sink in the laundry room was dirty and the registered manager told us that this sink was also used by staff to wash out people's soiled commode bowls. We identified that one chair in the lounge was wet with urine. The registered manager told us that staff had been aware that the person's clothes were wet and had taken

them to get cleaned and changed. However, staff had not taken steps to clean the chair which put others at risk of sitting on it.

Accidents and incidents were reported and reviewed. Staff we spoke with were able to describe how incidents were reported and the importance of doing this promptly. The registered manager reviewed all accidents and incidents and recorded the resulting outcomes. Although accidents and incidents were recorded, there was no overall analysis of the records to reduce the risk of them happening again. Records showed that where required, action had been taken to minimise the risks to people and to monitor the immediate action taken by staff. For example, when one person had re-opened wounds on their ankles, staff had been quick to respond by administering first aid and contacting the registered manager. Staff had then monitored the person's wounds for the entire morning before calling an ambulance when there was little improvement. Following this incident, the person's care plan and risk assessment had been updated and reviewed by management.

The continued failure to manage the risks to people, ensure there are appropriate measures in place for emergencies, safely manage medicines and protect people from the risk of infection are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in March 2017 we made a recommendation to the registered provider in relation to staffing levels. We found at this inspection this had not improved. There were not always sufficient staff to keep people safe and support their health and welfare needs. One relative said, "There are not always enough staff. Mum tells me that sometimes staff don't put her to bed until late as there are not enough staff around." A second relative told us, "They could do with one more occasionally. Just the fact that when we are in the lounge one or two staff have to go off and help other people leaving no staff in the lounge." One person said, "Staff are under pressure. Staff are exhausted." One staff member told us, "Sometimes there isn't enough staff. There are times that (person) and (person) are very unsettled and we have to constantly keep an eye on them. We can't wash people properly and we don't have time to sit and chat."

The registered manager told us that there were always four care staff on duty during the day but this included her. In the providers PIR it stated that the staff to people ratio did not include the registered manager. However, we observed that the registered manager was integral to various elements of care throughout the day as well as working as a receptionist and having the responsibilities of a registered manager. There was no deputy manager, receptionist or administrative employee to assist the registered manager with various other areas of work. The service had one chef and no dedicated laundry staff. This meant that staff had to assist with kitchen and laundry work alongside care and support for people. One person sat at a dining table waiting for their lunch for half an hour because staff were occupied with serving other people their meals. The person was served their lunch after they shouted to staff to get attention. The registered manager stated that there were enough staff to meet people's needs. However, the registered manager also contradicted this statement by saying there was not enough time for them to manage the service whilst also helping staff care for people.

The failure to ensure there are sufficient numbers of staff to meet people's care and treatment needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The manager checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of

identification such as passports, to show eligibility to work in the UK.

Staff understood their roles in keeping people safe. One staff member told us, "I must report it if I saw something. I would report it to my manager." People told us that they felt their relatives were safe at the service. One person said, "I do feel she is safe. I'm reassured that they let me know when she isn't well. If she wasn't treated well she would tell me." Staff told us they had undertaken adult safeguarding training within the last year. They were knowledgeable about the different types of abuse and the reporting procedures if they suspected or witnessed abuse. They were also aware of the external agencies such as the local authority adult safeguarding team who they could report their concerns to if they believed that the management at the service had not taken sufficient action. We could see that where appropriate, the registered manager had referred incidents to the local authority.

Requires Improvement

Is the service effective?

Our findings

The service had not been completely adapted, decorated or designed to meet the needs of the people living there. In the main bathroom people's toiletries were stored untidily behind the bathroom door on shelves. People's toiletries were not individually labelled. There was no shelf in one person's bedroom for them to store their toiletries on and instead they used a small ledge. There were no signs for locations such as the lounge, toilet, office or bedrooms. The service had a high number of people with dementia who would benefit from having clear signs for locations of rooms in the service so that the risk of them becoming confused was reduced. There were no interactive areas or activities for people who were mobile with dementia. We observed several people wandering the service on walking frames who would have benefitted from further adaptations such as interactive walls, nostalgic newspapers or pictures/paintings.

The failure to adapt and design the service to meet the needs of the people is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat and drink healthy meals. In the dining room there was a large board with the menu hand written on it for the day. We received mostly positive feedback from people about the food. One person told us, "The food is a bit repetitive. They give us too much fish and chips." Another person said, "The food isn't too bad here." A relative said, "They know her likes and dislikes. If there is pasta on the menu they will make her something different. The chef is lovely." A second relative told us, "The food here is great, my uncle loved it." In the kitchen there was a large whiteboard with people's dietary requirements such as diabetics, soft food and allergies listed for the chef. The chef told us, "I ask people what their favourite food is, I always get feedback from them." The chef used fresh produce to make lunch and offered people snacks throughout the day. One person said, "What an excellent lunch it is."

People's needs and choices were assessed in depth by the Registered Manager before they moved into the service. The assessment covered areas such as continence, dementia, depression, social care/activities, capacity, personal care needs, mental health, diet, moving and handling and medication. These areas were reviewed and updated consistently. One relative told us, "When we contacted (registered manager) she immediately went to the hospital to carry out an assessment of him. She stated she could meet his needs with an air mattress. She ordered this in and when it arrived she then immediately got him to come to the service."

Staff worked effectively across the organisation by using the digital care plan system which could be accessed by electronic tablets around the service. This enabled staff to see exactly when people had received medicines, personal care, fluids/food and taken part in activities. As the system was accessible via multiple digital tablets, staff could all access and review all care records and plans for people at the service at any time.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One staff member told us, "I have done all my training. The last one I did was falls prevention. I completed an induction." The induction process for new staff was robust to ensure they would have the

skills to support people effectively. Regular refresher training had also been provided to keep staff up to date with current best practice. This included health and safety, moving and handling people, and pharmacy e-learning. Our observations of staff practice over the course of the day showed their training had been effective in these areas. Safety checks had been completed on equipment used to mobilise people; correct lifting techniques were used to minimise harm to people and medicines were stored appropriately. All new staff complete the Care Certificate training. This is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this care service and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in March 2017 we found people's rights were not been protected in line with the principals of the MCA. However, we found at this inspection improvement had been made. Peoples' rights were protected because staff followed the guidance of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Staff had an understanding of the MCA and were seen to work within the legal framework of the act when supporting people.

One staff member told us, "It is whether they have capacity or not. I always check this when I look through their care plans and I would always ask them if they are happy with what I am doing." Staff encouraged people to make decisions by explaining the choices. One person said, " They always ask me if I am happy for them to do something." People had mental capacity assessments where this was appropriate and staff had sought the consent of people with capacity before acting. At the previous inspection, people had not been asked for their consent to CCTV in the main areas of the service. The registered manager had gained the written consent from everyone living at the service since then. People with capacity had signed a consent form and people without capacity had either had a person with power of attorney sign their form or a best interest decision had been made.

People were supported to have access to healthcare services and support. During the inspection the pharmacist and district nurse completed appointments with people in the service. One person told us, "I get seen by medical professionals. If the nurse refers me, they get other Health Care Professionals to see me. We usually have a nurse or doctor here at least once a week." A second person said, "I get seen by nurses and doctors when I want to. I talk to (manager) and she arranges things immediately." We saw clear records that people were being routinely visited by health care professionals and referred to hospital or the emergency services when necessary.

Requires Improvement

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One relative said, "They are always talking to her. She doesn't want to go service (she is on respite). Staff are brilliant with her. Its lovely care." A second relative said, "Staff are lovely without exception." A third told us, "It's like a big family here. I come and go as I please. I feel welcome as soon as I come here." One person told us, "The staff are always there when you need them. When I feel like I need them they come quickly."

However, despite these comments we found peoples' preferences and their independence was not always respected or considered. People were not regularly offered baths or showers every week as there was a rota for when people would have one. One person told us, "I don't get as many baths and showers as I would have at home. I used to have a shower every day. I get a bath about 2 or 3 times a week here." A second person agreed with this statement that they did not get as many baths or showers as they would have liked. One relative told us, "Bath day is on a Wednesday. It's just somethings happen that way." One staff member told us, "We bath or shower people once a week. On the tablet it says who is listed for a bath that day." This meant that peoples' wishes in relation to how often they showered or bathed were not always met.

The failure to reflect peoples' preferences is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Aside from the examples above, people's independence was respected and promoted. One person went for a walk everyday into the local town. Staff were all aware of this and made sure to open the door for them to leave and return when they wanted to. A relative told us, "They manage him exceptionally well. He can walk into town twice a day. They manage that well." There was a complete risk assessment of this activity in the person's care plan and staff were enthusiastic for them to enjoy their walks. One person told us, "They let me do what I want to do during the day." A second person told us, "The staff treat me with respect. They call me Mr and they always ask me if there is anything wrong or if I want anything else."

People's privacy and dignity was not always maintained. Staff told us they knew how to ensure peoples' privacy and dignity were maintained. One staff member said, "If I give someone a bath I close the door. In rooms I always close the door and shut the curtains when I am giving personal care." However, minutes after this staff member told us this, we observed them giving a person personal care with their bedroom door wide open. People's incontinence pads were stored on the sides or on top of furniture in peoples' bedrooms. Clocks hanging in corridors and people's rooms did not always show the correct time or date which could have been confusing to some people

Aside from these observations, people were positive about staff closing peoples' doors during personal care. One person told us, "They always cover me up and make sure that I am not naked or undignified with others around. They enable me to have my privacy and dignity." A second person told us, "They always let me know if I have visitors coming and they prepare me and ask me what I want to do." There was a room being shared by two people and in it was a screen to enable either person privacy when they were receiving care or treatment.

People were treated with kindness and compassion. The registered manager had recently got a 'therapy' puppy for the service which was present during each day. People liked the puppy and interacted with it during the day. One person told us, "Oh yes I love the new dog, he's very sweet." A relative told us, "Having the dog makes it feel more like a home." Staff took people for walks in the garden or around the ground floor of the service when they wanted to get out of their chairs. Staff were proactive in welcoming relatives to the service and getting them cups of teas and chairs to sit with their loved ones.

People were supported to express their views and make decisions about their care. Staff listened to people when they asked for assistance and responded to their requests. Staff explained what they were doing when they assisted or supported people. One person told us, "They explain what they are going to give me and they describe all of their actions." A second person told us, "The staff always explain things to me." People's rooms were personalised with personal possessions and pictures of their families and past lives. One person liked to use email and the internet and so the registered manager had installed an internet connection in their room.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in March 2017 we made a recommended that the provider review the activities available to meet the needs of all individuals. We found at this inspection people still did not have stimulating or meaningful activities. The service held one music session and two exercise classes every week. Throughout the rest of the week there were no organised, meaningful activities for people to take part in. One person told us, "We don't really have activities. I don't really do anything. I like the exercise classes. I would like to do more activities. I would love to play bingo." A second person told us, "I think there could be more activities. They should have other things for us to do. Games and other things. There is not enough of that. We are left on our own."

There were no activities or games on the first day of the inspection. No staff played any board or card games with people and conversations were limited. One staff member said, "There is not enough for people to do. Having activities would benefit them. People are happy when they are doing the exercises." A second staff member said, "We used to have an activities coordinator. A handful would benefit from activities. It would be something in their day keeping their mind going." We checked people's daily notes which stated that people had socialised in the lounge every day as their activity. The registered manager stated that staff often interacted with people and that days were generally busy with relatives visiting and socialising in the lounge. Although everyone was in the same room for the majority of the day, there was little meaningful interaction between people and staff.

At our inspection in March 2017 we found people's care plans were not complete or accurate. We found at this inspection improvements had been made but were still not person-centred. It was not possible to know or understand people's personality, background or general preferences from reading their care plans. This meant that any agency staff or new staff would not be able to quickly get to know people before they provided care for them. The impact of this was limited because staff were knowledgeable of people's preferences and personalities. For example, staff told us, "I get along with (person) very well. She likes to dance with me and she always tells me about her family." Another member of staff said, "(Person) likes to speak in (language) with (staff) as that is where she is from and it is her mother tongue". The registered manager explained that the digital care plan system was still being updated and populated with information.

The failure to meet people's needs with meaningful activities and hold person-centred care plans is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Complaints were not always recorded or responded to. The complaints policy and process was not visible at the service until we asked the registered manager about it. The registered manager then put the policy up on a notice board but could give no explanation as to why it had not been visible. There were no recorded complaints or responses. The registered manager explained that this was because she resolved issues as soon as they were brought to her attention. However, people told us they had complained before and had no response from the registered manager. One person told us, "I told the manager I didn't want the dog. I have made it clear that I don't like the dog." This person had not received a response to their complaint. A

relative told us, "I have made complaints on a couple of occasions. I think it was dealt with. I don't really get any feedback."

The failure to record or respond to complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported at the end of their lives to have comfortable, dignified deaths. One relative told us, "When he ([person] died, [registered manager] called us immediately. She had prepared the room to be as nice as possible. She had prepared him with all of his favourite football memorabilia. The staff then came into the room one by one to speak to us and him. It was fantastic. They really went the extra mile to make sure that we were as happy as we could be with his care." We saw that each care plan contained a form for people or their relatives to discuss end of life arrangements. Although many people had refrained from filling this form out, the manager told us that they always asked people and relatives what their preferences were and what kind of support they wanted.

Inadequate

Is the service well-led?

Our findings

People, staff and relatives were positive about the registered manager. One relative told us, "The management are fabulous here. They always recognise me and chat to me. They are very welcoming." A second relative said, "(Registered manager) is super, I can ask her anything anytime. I feel it's well managed as I have never had any problems." One health care professional said, "I think (registered manager) is incredibly passionate. She really cares about the residents." One staff member said, "[Registered manager] is a good manager. If we need help she will come and work with us."

Despite these comments however, we found that shortfalls identified at our last inspection had not been addressed and that there was a lack of robust management oversight at the service. For example, at our inspection in March 2017 we found that the living environment was not always appropriately maintained. Following that inspection, the registered manager produced an action plan which detailed refurbishment plans such as new flooring on the first and second floor corridors. At this inspection we found that the installation of new flooring had been postponed until 2019. The provider explained that this was still in the process of being arranged.

The service did not have a credible approach to continuously improve, learn or ensure sustainability. There had been no analysis completed of the surveys and questionnaires completed in January 2018. This contradicted the PIR the provider completed which stated that questionnaires would be quantified and analysed. The lack of improvement at the service since the last inspection demonstrated that there was little innovation or drive to implement changes in response to feedback.

The governance framework was not effective or robust at checking quality or driving improvements. At the last inspection in 2017 there were concerns found in relation to infection control, staffing and governance. We found that there were continued concerns around these three issues and there were further issues that audits and quality assurance should have identified. There had been infection control audits completed throughout the service every month but none of them had picked up that the laundry room was covered in mould and damp. The registered manager had no explanation as to why the laundry room had not been maintained. All care plans were reviewed every month but none of these reviews had found that care plans lacked person-centred details and preferences. There was no dependency tool to assess peoples' needs in relation to staffing numbers. Since the last inspection, which had recommended that the provider ensure there were appropriate numbers of staff, people, staff and relatives were still commenting on the lack of staff at the service. A pharmacy audit had noted concerns with the signatures and photos in MARs in November 2017 but the registered manager had not resolved these issues. Staff were not undertaking regular audits with the MARs. The last recorded audit took place on the 25 May 2018 and this had not identified the same shortfalls apparent in November 2017.

We identified multiple breaches of regulations across all five key questions which affected the care people received. An effective auditing system should have identified this and steps should have been taken to address these shortfalls.

People were not always engaged effectively and involved in the running of the service. There had been three residents meetings in 2018 and questionnaires had been sent out to people in January 2018. Five surveys had been returned with positive feedback. However, neither of these methods had been effective at discovering that people were unhappy with the numbers of staff and the lack of activities, baths and showers. There was no activities schedule or newsletter for the people living at the service. The registered manager explained that these had not been created because people would not be able to retain the information. The providers website states that 'Sheerwater House is dedicated in actively engaging all residents in a varied and personalised activity programme.' This was not what we found during our inspection.

The continued failure to engage people and effectively assess, monitor and improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a Facebook service page which had been created to enable the service to communicate with relatives easily regarding updates and events. Relatives spoke positively of this approach and described it as helpful and reassuring in that it showed photos of people at the service at events. There were regular staff meetings held and the last one had taken place in August 2018. The registered manager used these meetings to discuss updates, training and changes to the service.

Aside from the governance concerns mentioned above, there had been some effective quality assurance work completed by the registered manager. Disciplinary action had been taken against a member of staff after concerns had been raised about their conduct and performance. We saw that monthly audits were completed of health and safety, fire safety and water temperatures.

The registered manager told us they had a vision and strategy to improve activities for people and make care more person centred. This included using a local day service at the local village hall which would enable people to attend flower arranging, coffee mornings, games and discussion groups. People would be supported to access this service by a bus or taxi depending on how many people wanted to attend. This was due to start in October 2018. The service was also still in the process of using and implementing the new digital care plan system to include further information about peoples' care.

The service worked with other related agencies to ensure that people received joined up care, treatment and support. Records maintained at the service showed that people had access to all healthcare professionals as and when required. There were also links with other organisations that would help staff and the registered provider such as the local care association and the local community. The registered manager held close links with the local care homes team, palliative care service and the GP. The service worked in partnership with other local groups such as the Brownies who completed badges by attending the service and also sang Christmas carols every December.

The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not have access to daily stimulating or meaningful activities. It was not possible to know or understand any person's personality, background or general preferences from reading their care plans.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not always recorded or responded to.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient staff deployed around the home to keep people safe and support their health and welfare needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The continued failure to manage the risks to people, ensure there are appropriate measures in place for emergencies, safely manage medicines and protect people from the risk of infection are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a continued failure to engage people and effectively assess, monitor and improve the service.

The enforcement action we took:

Warning Notice